

Appendix 15A
RESPIRATOR USE QUESTIONNAIRE
FOR OFFICIAL USE ONLY (WHEN FILLED IN)

EMPLOYEE	SSN	POSITION
SUPERVISOR	PHONE	CODE
		DEPARTMENT

CIRCLE THE TYPE OF RESPIRATOR(S) TO BE USED:

AIR-SUPPLIED (tight-fitting)
AIR-SUPPLIED (hooded)
OPEN-CIRCUIT SCBA
CLOSED-CIRCUIT SCBA

AIR-PURIFYING (powered) (tight-fitting)
AIR-PURIFYING (powered) (hooded)
COMBINATION AIRLINE/SCBA
AIR-PURIFYING (non-powered): (Specify)
Filtering facepiece or elastomeric
N,P,R, 95,99,100
Type Chemical Cartridge _____

WORK EFFORT: (CIRCLE ONE)

Light Moderate Heavy Strenuous

EXTENT OF USAGE: (CIRCLE ONE)

1. On a daily basis
2. Occasionally - but more than once a week
3. Rarely - or for emergency situations only

LENGTH OF AVERAGE WORK DAY IN RESPIRATOR:

SPECIAL WORK CONDITIONS: (i.e., confined spaces, high places, temperature/humidity extremes, hazardous materials, other protective clothing worn, climbing, etc.)

MEDICAL WRITTEN EVALUATION SUMMARY

1. No restrictions on the respirators circled above
2. Respirator use with some restrictions
3. No respirator use allowed
4. Alternate respirator recommended

Comments/Restrictions _____

Routine Follow-up medical evaluation required: 5 yrs 2 yrs 1 yr (under 35)(35-45)(over 45)

Or due to medical findings return: Date

Employee has been given a copy of this recommendation.

Health care professional's Signature _____

_____ Date

Sections 133, 1071-87, 3012, 5031, and 8012, Title 10
USC & Exec. Order 9397 (Privacy Act of 1974) Apply